

ARIZONA STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
STANDARD CERTIFICATE OF BIRTH

State File No. 120
Registered No. 233

1. PLACE OF BIRTH

County Gila State Arizona
District or Township _____ or Village _____
City Globe No. _____ St. _____ Ward _____
If birth occurred in a hospital or institution, give its NAME instead of street and number

2. Full name of child

Alice Edith Rawsthorne

If child is not yet named, make supplemental report, as directed.

3. Sex of Child

Female

To be answered ONLY
in event of plural
births. L

4. Twin, triplet or other

L

6. Legitimate?

yes

7. Date of birth Dec. 8, 1928
Month Day Year

8. FATHER

Full name Wilbur Delwitt Rawsthorne

9. Residence
(Usual place of abode) Globe, Arizona
If non-resident, give place and state.

10. Color or race

White

11. Age at last birthday 26 (Years)

12. Birthplace (city or place) Hamilton,
(State or country) Ontario

13. Occupation
Nature of industry Mill operator

20. Number of children of this mother Three
(Taken as of time of birth of child herein
certified and including this child.)

(a) Born alive and now living Three
(b) Born alive but now dead None
(c) Stillborn None

21. Were precautions taken against ophthalmia neonatorum?
Yes

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive at 12 PM on the date above stated
(Born alive or stillborn.)

* When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Signature I. C. Harper

(Physician or midwife).

Given name added from
a supplemental report. Month, day, year

Address Globe, Arizona

Filed 1/4, 1929 S. E. Waghman Registrar

Registrar

195-1208-465